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Intersectionality and systemic therapy

Catherine Butler

What is intersectionality?

It is the belief that the multiple parts, or sections, of our identity (race, ethnicity, sexuality, gender...) can never be understood in isolation – identity will always be made up of the overlap, or intersections, of these different aspects of identity, which are bound within contexts of power that give them meaning. Patricia Hill Collins (2000) explains that, not only can we not reduce lived experiences into single categories, it also makes no sense to hold them separate when considering them: for example, someone who is a black woman does not face 'double discrimination' – that is, twice as much discrimination as a white woman or a black man in the same context – but the intersection of that individual's race and gender will produce a unique and substantively distinct viewpoint. The following poem by Renteria (1993, p. 38) brings this to life:

*Society rejects me for being Deaf
The Deaf community rejects me for being a lesbian
The Lesbian community rejects me for not being able to hear them
The Deaf-Lesbian community rejects me for being into S&M
The S&M community rejects me for being Deaf*

While a relative newcomer to therapy, intersectionality was first conceptualised by Crenshaw in 1989. However, she built on the work of others involved in black feminist movements of the 1960s, 70s and 80s. These voices (Angela Davis and Alice Walker among them) criticised radical and liberal feminism as being ethnocentric and ignoring the lived experiences of black, poor or disabled women. The term 'woman' was disputed to represent a homogenous category, a point taken up later by queer theorist Judith Butler (1990) to include sexuality. Groups such as the Combahee River Collective (Eisenstein, 1978) in the 1970s presented an analysis of their lived experiences as African Americans that was intricately linked to their race, gender, class and sexuality.

Sadly, the oppression and discrimination these early groups were fighting against is still flourishing in the lives of our clients and society in general. An intersectional example of this took place in August 2016 on a beach in NICE. A woman was surrounded by four armed police officers and instructed to remove her burkini

because it "overtly manifests adherence to a religion at a time when France and places of worship are the target of terrorist attacks" (The Guardian, 2016). Some members of the public watching the police applauded them and shouted at the woman to "go home". This incident cannot be understood if one were to try to explain it through the separate lens of race, religion or gender (never mind immigration and class). What is heartening is that there

was an intersectional response, with an emergency protest arranged on 26 August in London and 10 September in Brighton (although this latter sit-in was cancelled). Thus, people who identified with a vast variety of religions, ethnicities, race, class, gender, sexuality, etc. came together in solidarity to protest against oppression. This transformative aspect of Intersectionality is graphically illustrated by Miriam Dobson (2013, left).

Intersectionality and the social graces

A useful model to consider how intersectionality and the social graces (Burnham, 2013) intersect is Wittgenstein's *Centre of Variation* (thank you John for also introducing me to this concept in a supervision lecture). Centres of variation are like family resemblances, where there are shared features between members of a family but not one central defining person within that family from which others vary. Wittgenstein (cited by Kuusela, 2006) thus describes:

... a kinship between objects, but this kinship need not be the sharing of a common property or a constituent. It may connect the objects like the links of a chain, so that one is linked to another by intermediary links. Two neighbouring members may have common features and be similar to each other, while distant ones belong to the same family without any longer having anything in common (p. 26).

Thus, there is a similarity between Intersectionality and the graces but they are not the same. While the social graces are described as dynamic and shifting with contexts, sometimes colliding together and always in relationship with each other (Burnham, 2013), the very presence of a mnemonic that separate out different aspects of identity into separate categories is fundamentally opposed by intersectional theory. Audre Lorde



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(1984) describes how jarring it is when she is “*constantly being encouraged to pluck out some aspect of myself and present this as the meaningful whole, eclipsing and denying the other parts of the self*” (p. 120). To take a single category approach, as we might with our students (for example, “*Listen to the case through the lens of race*”), is to expect a response from one or the other category, which results in the person being marginalised in both. Crenshaw (1991) came up against this when she wanted to research the rates of domestic violence by precinct in Los Angeles to investigate the picture of arrests by racial group. She was blocked from doing so because feminists were concerned the statistics might permit opponents to dismiss domestic violence as a minority problem; whereas anti-racists were concerned the data might reinforce racial stereotypes of black men being uncontrollably violent. The political priorities of both groups were defined in ways that suppressed information that could have facilitated attempts to confront domestic violence in black communities. The full dimensions of racism and sexism thus go unacknowledged; instead, racism experienced by men often defines the parameters of antiracist strategies, and the sexism experienced by white women grounded the UK women’s movement. Anti-racism will frequently reproduce the subordination of women and resistance strategies of feminism often replicate and reinforce the subordination of those from ethnic minorities.

Where things get complicated is that people are members of more than one community at the same time, and so can simultaneously experience oppression and privilege. Thus a physically disabled white man will be rewarded the privileges of patriarchy and whiteness, while discriminated against for being a wheelchair user. His age, sexuality and class will bring additional axes of privilege and oppression into the mix, resulting in a unique lived-experienced that can only be understood by holding these identities together, rather than pulling them apart to consider each separately. Holding onto such complexity enables a more effective and efficient response than a ‘one-size-fits-all’ approach for tackling persistent social inequalities from the macro-level of national policy makers, to the meso-level of regional institutions, to the micro-level of the therapy room.

Intersectionality in therapeutic practice

Taking an intersectional approach as a therapist involves first and foremost knowing the privileged and oppressed positions that one personally holds. The following questions are suggested as a useful exercise in self-reflexivity:

- What are your intersections?
- Which are often present in the therapy room, which are more silent or hidden?
- As above in supervision?
- As above with colleagues?
- What is unspoken? Why? What are the contextual oppressors that silence us? What shuts down our curiosity?
- What privileged positions do we hold that silence others?

Reflecting on questions such as these helps us to consider the positions we take up and are positioned in; that is, therapist, from an intersectional perspective. We can draw from our experiences of being oppressed and silenced at times when we are granted power, so as to tread lightly, with curiosity and respect. We can check ourselves for assumptions and preconceived knowledge and instead work collaboratively with clients so that they define their unique intersecting experiences of oppression and privilege.

From this second-order cybernetic position, we can examine and explore the intersections in the therapy room between our clients and ourselves as well as those from the separate worlds we bring in with us. Holding this complexity invites collaboration, co-learning and the potential for transformation.

Case example

A doctor referred Yasmina and Omer for sex therapy. Yasmina had been gang raped and the couple had not had sex in the three years since, but they wanted children. At the time of the referral, I was supervising a student therapist and we were co-working cases, both of us were white British women. In the first session, it immediately became apparent that, as a Muslim African man, it was culturally inappropriate for Omer to discuss sex with two white British women, as well as for the couple to openly discuss sex together in front of us. We therefore agreed to see Yasmina individually, and referred Omer to a male therapist in the same service, with explicit agreement that, as therapists, we would share information. Yasmina had previously had individual therapy to work through the trauma of the rape, and she was clear at the start of our sessions that she wanted to focus on being able to have sex with her husband. However, this first session and subsequent supervision revealed that, as three members of a therapy system, we all had different expectations and perspectives on sex (Figure 1):

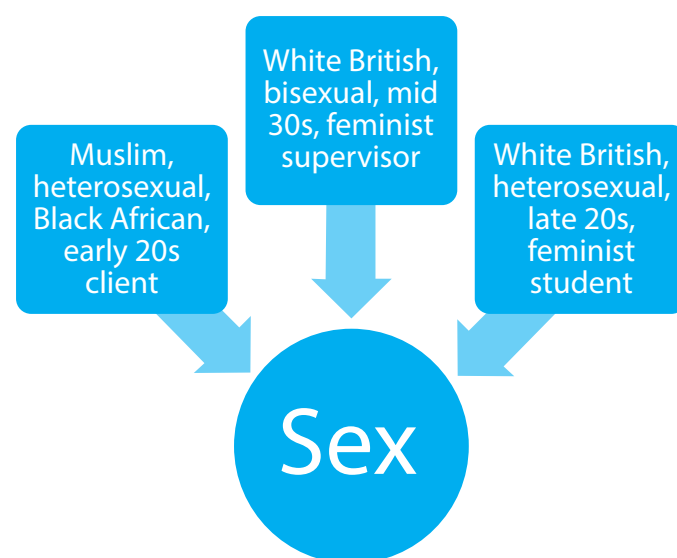


Figure 1: Intersectional identities in the therapy system

Intersections of religion, age, ethnicity, sexuality, politics and our position in the system all influenced how we considered a woman’s relationship with sex. Through overtly mapping this out in supervision, the student and I realised that, while we had some different views about sex because of differences in our age and sexuality, the intersection of our beliefs as white British feminists about women’s right to sexual pleasure, independent of procreation (for which I did not consider sex even necessary), were not only different from those of the client, but also risked dominating the session from the additional intersection of our power as therapists. There was therefore a risk of creating a normative discourse that left the client feeling judged, misunderstood and oppressed by us (Figure 2).

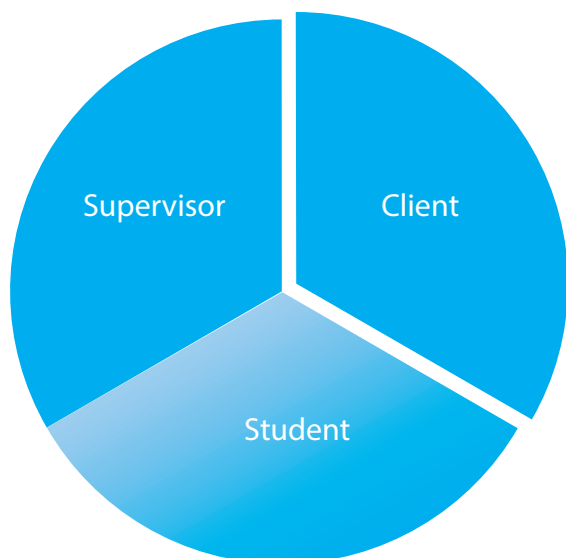


Figure 2: Potential misalignment of positions within therapy system

We took our discussion back to the next therapy session and sought the client's permission that she would let us know if we lost our curiosity and were being "too Western". This discussion was conducted in a manner that demonstrated a true valuing of multiple perspectives and brought about lots of laughter. This early work in 'warming the context' (Burnham, 1992) set the tone for future sessions and allowed us all to continue to take an intersectional approach in the work. Yasmina delighted in reminding us of when we were being "too Western", often laughing at our ideas about sex – like the time we delighted in the fact that the Swahili word for clitoris is Kisimi and we had to explain the link to oral sex. An unexpected outcome was that, while Yasmina did not have sex with her husband during the therapy, she did conceive – perhaps testament to the intersections we managed between our multiple identities.

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